Symposium with Proffered Papers: Psycho-social aspects of radiation therapy: Late side effects and survivorship

SP-0317

Fear of recurrence and disease progression in long-term cancer survivors

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Purpose/Objective: Fear of recurrence (FoR), generally defined as the fear of the disease recurring or progressing in the same organ or a different area of the body, is among the main and most important concerns for cancer survivors. As opposed to anxiety disorders, FoR is not necessarily an irrational fear, but a reaction to a real threat. Specifically high levels of FoR can be dysfunctional, overwhelming survivors and negatively affecting their quality of life. Younger age and a lower educational level were repeatedly shown to be associated with higher FoR, whereas disease and treatment characteristics like stage or therapy were generally not found to be associated.

Materials/Methods: Results are based on analyses of cross-sectional data of long-term cancer survivors (>5 years post-diagnosis) of the population-based CAESAR-study (**Ca**n**ce**r **S**urvivorship – **a** multi-regional population-based study). Survivors were recruited by six German population-based cancer registries. Overall, 6057 long-term breast-, colorectal, and prostate cancer survivors were included in the analyses. FoR was assessed using the short form of the Fear of Progression Questionnaire (FoP-Q-SF). The associations of age, sex, cancer type, stage, recurrence/metastases, time since diagnosis, education, and social support with moderate/high FoR were identified via multiple logistic regression analyses.

Results: Even though the majority of long term cancer survivors reported to experience FoR in low intensity (87%), a significant percentage reported moderate (9%) or high (4%) FoR. Female survivors (Odds Ratio [OR] 3.49; p=0.002), survivors below 55 or 55 to 60 years of age (OR 3.32 and 2.70; p<0.0001 and p=0.0002), with an education of less than 10 years (OR 2.28; p= <0.0001), having suffered from a recurrence or metastases (2.48; p= <0.0001), or those being socially isolated (OR 2.78; p<0.0001) were at a greater risk to experience moderate/high levels of FoR. Cancer type and time since diagnosis did not reach statistical significance.

Conclusion: Even years after the initial diagnosis and completion of therapy, a substantial proportion of cancer survivors experience FoR at possibly debilitating levels. Our results indicate a potential vulnerability for women to experience FoR in high severity. Also younger and socially isolated survivors were at greater risk to suffer from high levels of FoR and should thus be monitored for high levels of FoR and should be offered the support needed to manage their fears.

SP-0318

From paediatric cancer to adult survivorship: negotiating psychological challenges of post-treatment

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With medical advances in treatment, childhood cancer has become more akin to a chronic illness than a terminal disease. With advanced treatments and increased survival rates there is an emerging population of young adult survivors who may be faced with unique developmental and psychosocial challenges.

There are contradictory findings from the psychological evidence base as to whether survivors are at increased risk of psychological late effects as a result of their illness and/or treatment, with some studies reporting higher levels of psychological distress (e.g., Patenaude & Kupst, 2005) and others generally reporting good adjustment (Sundberg et al. 2009).

Irrespective of whether long-term survivors of childhood cancer are at an increased psychological risk, conclusive evidence appears to support the view that many experience problems in other domains such as education and career progression that greatly affect their quality of life.

On entering adolescence, survivors may experience a greater appreciation of their previous illness and its life-threatening nature. This can lead to fears of relapse and elevated levels of post-traumatic stress (Taylor et al. 2012). Emerging physical late effects such as compromised fertility may threaten the survivor's ability to negotiate life goals such as forming intimate relationships or parenting (Pivetta et al. 2011). Outcome studies have found greater percentage of long-term survivors in lower skill jobs than siblings (Kirchhoff et al. 2011) and unemployed (Kirchhoff et al. 2010). Langeveld et al. (2003) found percentages of those employed, married or parents were less than those in a comparison group of participants with no history of cancer.

Managing the combined demands of both adolescence/young adulthood and survivorship may mean that survivors may be more in need of psychological support during the post-treatment phase of their illness than during treatment. This presentation will explore these psychological and developmental challenges for young survivors post-treatment while highlighting the clinical implications for the professionals who treat them.

SP-0319

Psycho-sexual support for pelvic radiation therapy for women and the impact on Quality of Life

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Literature and clinical practice both indicate that women who are irradiated for cancer in the pelvic area do experience severe long term sexual side effects from the treatment. Amongst others, they suffer from diminished desire, atrophy, difficulty in reaching an orgasm, changed sensitivity of the vaginal walls, premature menopause, grief over loss of fertility, loss of vaginal elasticity, shortened and more narrow vagina, stenosis and dyspareunia.

While the side-effects such as premature menopause and loss of fertility are irreversible, the shortening and narrowing of the vaginal walls - and thus indirectly pain during a gynecological examination or during sexual activity - can be partially prevented. To prevent the shortening and narrowing of the vagina, women have to dilate the vagina three times a week for ten minutes. This hands on treatment is a helpful mean to keep both gynecological examination and sexual intercourse possible. It has been suggested that regular dilating is necessary up till two years after treatment.

A lot of women, however, report that this preventive "work" is psychologically burdensome. The necessity to dilate the vagina with an object, for example a dilator, is experienced as being embarrassing and artificial. Moreover, the knowledge that the vagina is irradiated and sensitive makes women fearful to start dilating based on the expectation of pain. However, the alternative of natural dilating by having intercourse is an idea that is often felt as coming too soon